| PATENT APPLICATION FEE DETERMINATION RECORD Effective Decord # 0.004 | | | | | | | |
|---|-----------------------------|----------------------------|------------------------------|------------------------|----------------|--------------------|------------------------|
| Effective December 6, 2004 | | | 10770932 | | | | |
| CLAIMS AS FILED - PART I (Column 1) | | (Column 2) | SMALL TYPE | ENTITY | OF | | R THAN L ENTITY |
| TOTAL CLAIMS | | · | RATE | FEE | | RATE | FEE |
| FOR NUMBER FILED | | NUMBER EXTRA | BASIC F | EE . "39 | 3 OF | BASIC FE | E 790. |
| TOTAL CHARGEABLE CLAIMS 5 minus 20= * | | * 0 | x\$2 | 5 | OR | x:50 | |
| INDEPENDENT CLAIMS / minus 3 = | | * O | x./0 | | OR | 34:0 | 1/ |
| MULTIPLE DEPENDENT CLAIM PRESENT | | 100 | α | 7 | - | ~ / | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | 180. | / | OR | 7 | 1 |
| CLAIMS AS AMENDED - PART II | | | | ~{ L | | | THAN |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | SMALL ENTITY OR SMALL ENTITY | | | | |
| REMAINING AFTER AMENDMENT Total * 5 Independent * / | NUME PREVIO PAID I | BER PRESENT DUSLY EXTRA | RATE | ADDI- TIONAI FEE | | RATE | ADDI- TIONAL FEE |
| Total * 5 | Minus ** Q | 0 =0 | X\$ 24 | ź . | V _R | X\$ 50 | |
| Independent * | Minus *** | 3 = 0 | x/D | | OR | × 200 | 7 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | 1 / | 7 1 | | - |
| · . | | | + / 80 TOTA | | OR | + 360 TOTAL | / |
| (Column 1) | (Oal) | . (0-1, 0) | ADDIT. FEI | | OR | ADDIT. FEE | <u>L</u> |
| (Column 1) CLAIMS REMAINING | (Colum HIGHE | ST | | ADDI- | 1 [| | ADDI- |
| REMAINING AFTER AMENDMENT Total * | NUMB PREVIO PAID F | USLY EXTRA | RATE | TIONAL FEE | | RATE | TIONAL FEE |
| Total * | Minus ** | = . | X\$25 | | OR | X\$ 50 | |
| 5 | Minus *** | = | ×/00 | | OR | × 200 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | 1 1 | | | |
| | | | + /86 TOTAL | | OR | 360. | |
| | | | ADDIT, FEE | <u></u> | OR A | DDIT. FEE | |
| (Column 1) CLAIMS | (Colum | | | | | · | |
| REMAINING AFTER AMENDMENT Total * Independent * | NUMBE PREVIOU PAID FO | ER PRESENT USLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total * | Minus ** | = | X\$25 | ÷ | OR | X\$ 50 | <u> </u> |
| Independent * | Minus *** | = | | · · | | ×200 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | ×/00 | | OR | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | +/80 TOTAL | | OR | +360 | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | OR A | TOTAL DDIT: FEE | , |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | |

Application or Docket Number